Ana Virginia Cruz

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United States Bankruptcy Court

Eastern	District	of Penn	sylvania
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In re:

: Case No.: 13 - 15577 - Tef

Ana Virginia Cruz

: CERTIFICATION OF BUSINESS DEBTOR REGARDING MONTHLY REPORT

, being of full age and duly sworn upon my oath, depose(s) and say(s):

- 1. I am the business Debtor(s) in the above referenced matter.
- 2. I have completed and attached a Monthly Financial Report for the month of MAY /2016
- 3. All of the information in the Monthly Financial Report is complete, true and correct to the best of my knowledge, information and belief.

This certification and all attachments shall be filed with the Clerk of the United States Bankruptcy Court, the United States Trustee and the Chapter 13 Standing Trustee in accordance with Section 1304 and Section 704(8) of the United States Bankruptcy Code.

Debtor

Date:

Debtor

1.1

IN THE MATTER OF: Case	No. 13-1557	
Arpa Virginia Cruz	PETITION FILED: 6-25	5-13
	MONTHLY REPORT NO. 35	
DEBTOR IN POSSESSION	MONTH ENDED $5-31-3$	2016
<u> </u>	. •	.,
ALL ITEMS MUST BE ANSWERED USIN	G "NONE" OR N/A WHERE APPRO	PRIATE
CHAPTER 13 MONTHLY REPORT FOR	INDIVIDUALS ENGAGED IN BUSI	<u>NESS</u>
Cash on Hand (on filing date, or thereafter)	er, from prior reporting period) — 2	2,457.82
2. Receipts (Sales) 28	,234.00	
a. Salary and Commissions	3.060.00	
b. Interest or Dividend Income		
c. TOLLS	200.00	
d. Other (TRUSTEE)	446.03	
TOTAL RECEIPTS "		6492.14
3. Disbursements: (Punchases)	26,939-09	
a. Taxes – IRS (PB. BOX SMV1925)	134.00	
b. Taxes-State, including any sales tax due		·
c. Taxes- Real Estate		
d. Other Office Supply		
e. Utilities (phone Sowiel)	130.46	
f. 15torage Rent	282.62	
g. Insurance premiums (TWCK)	214.29	
h. Food	637.80	
i. Medical (Bank fee)	48.79	
j. TRUCK Repair		
k. Truck expenses Gas	496.41	

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CASE NO. 13-15577 MONTH ENDING 5-31-20/6
1. Clothing 20.00
m. Gifts – donations
n. Membership
o. Other Returns338.48
TOTAL DISBURSEMENTS 33,286.45
4. Balance at end of reporting period [(1-2)-3] $-26,794\cdot31$
5. Are you paying all your debts (post filing) as they are incurred? If not, list outstanding obligations and amounts due at end of current period on Schedule C. ψ es
6. Is all insurance paid up-to-date? 425
Debtor in Possession Checking Account(s):
NAME, LOCATION AND NUMBER(S) TD BANK XXXX 7131
BRANCH 1321 ROUTE 22, Phillisburg, NJ 08833
Debtor in Possession Savings Account(s) and Investments, including IRA's, Keogh, Pension:
DESCRIBE: MA
BRANCH: N/A
SCHEDULE A
(2)(d) Other:
COLEDIT E B

SCHEDULE B

Gifts – donations/Name(s) of recipient(s): N

Tuition(s) list name and school(s): NN

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CASE NO. 13-15577

MONTH ENDING 5-31-2016

SCHEDULE C

Outstanding obligations: (List payee and date incurred).

I DECLARE THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL TAX REPORTS OR RETURNS WHICH BECAME DUE DURING THE REPORTING PERIOD HAVE BEEN FILED AND ALL REQUIRED PAYMENTS MADE.